BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

			· ICCIUM		(Column 1) (Column 2)							OTHER THAN		
	FOTAL CLAIM	1	****	100%	JMN 21].	TYPE	<u> </u>	, O:		EKTITY			
							1	RATE	FEE	_	RATE	FEE		
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC F	₹ 395.00	OF	BASIC FE	F 790.00		
י	OTAL CHARGE	EABLE, CLAIMS	m	minus 20=				X\$ 25		OR	X501=			
	DEPENDENT		ninus 3 =			· .		X top=		OR	X200=			
-		ENDENT CLAIM						+150=		OR	+300=	7		
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL			
	•	CLAIMS AS	AMENDE	MENDED - PART II				:	•	-	OTHER	THAN		
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR		ENTITY		
AMENDMENT A	1/28/05	CLAIMS REMAINING AFTER AVENDMENT		HIGHE NUMB PREVIOU PAID F	er Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE		
	Total	5	Minus	-20)	= /		X 25 =		OR	X\$50=			
VWE	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CI AIM	= /		×100:		OR	X2m=/			
٠.								+150=		OR	4360=			
							_ A	TOTAL ODIT, FEE	1	OR	JATOT EEF, TKODA			
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMES PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	,	Minus	₹ ~±		=:		`x25=		OR	X50=			
	Independent	*	Minus	ges		=	į.	X 100=		OR	X 20 0=			
_	FIRST PRESE	NTATION OF MI	JUTIPLE DEP	PENDENT C	MIAL	<u></u>	-			UN				
				•		280	L	+150=		OR	+300=			
								TOTAL DOT. FEE		OR ,	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER - AMENOMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE		
	Total	•	Minus ·	44		= .	Γ	X25≔		OR	X\$50=			
	Independent	•	Minus	***	1	=	-	×100 =		f	X200:	.		
	FIRST PRESE	· -	+150=		OR									
• •	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+300=			
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter """									OR A	TOTAL DOIT, FEE	·		
7	he "Highest Num	nder Previously Paid ber Previously Paid	ia For IN THIS For (Total or	SPACE is le Independent) '	is the h	عروب من المناطقة الم المناطقة المناطقة ال		OIT. FEE L In the app	ropriate box					